

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008098

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1586

STATE FILE NUMBER

FILED FEB 16 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

c. CITY

St. Louis

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION DOA. Homer Phillips Hos.Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
1333A. Euclid Ave.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

James

Glover

4. DATE
OF
DEATH

2/4/62

Month

Day

Year

5. SEX
Male6. COLOR OR RACE
Col.7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2/15/19159. AGE (last birthday)
46IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Parking Lot Attended10b. KIND OF BUSINESS OR INDUSTRY
Stix-Baer & Fuller11. BIRTHPLACE (City and state or country)
Troy, Mo.12. CITIZEN OF WHAT COUNTRY
USA.

13a. FATHER'S NAME

Charlie Glover

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Madie Glover

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Madie Glover 1333 A. Euclid Ave.18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Massive Gastro-intestinal hemorrhages,
Contributing: Cirrhosis of the liver with
ruptured Varices of the distal end of the EsophagusINTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____
and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Wright Funeral

Funeral Home 3100 Easton Ave.

FEB 7 1962

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 _____, Student Embalmer No. _____,
 working under my personal supervision.

Signature of Student Embalmer

Arthur L. Hilliard

4221

3100 Easter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.